

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   | AS       |        | 9/2/99   |
| O.I.P.E. CLASSIFIER |          |        | 9/3/99   |
| FORMALITY REVIEW    | DM       | 78225  | 10/28/99 |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 2-10-03  |      |
| 1        |      |
| 2        |      |
| 3        |      |
| 4        |      |
| 5        |      |
| 6        |      |
| 7        |      |
| 8        |      |
| 9        |      |
| 10       |      |
| 11       |      |
| 12       |      |
| 13       |      |
| 14       |      |
| 15       |      |
| 16       |      |
| 17       |      |
| 18       |      |
| 19       |      |
| 20       |      |
| 21       |      |
| 22       |      |
| 23       |      |
| 24       |      |
| 25       |      |
| 26       |      |
| 27       |      |
| 28       |      |
| 29       |      |
| 30       |      |
| 31       |      |
| 32       |      |
| 33       |      |
| 34       |      |
| 35       |      |
| 36       |      |
| 37       |      |
| 38       |      |
| 39       |      |
| 40       |      |
| 41       |      |
| 42       |      |
| 43       |      |
| 44       |      |
| 45       |      |
| 46       |      |
| 47       |      |
| 48       |      |
| 49       |      |
| 50       |      |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 2-10-03  |      |
| 51       |      |
| 52       |      |
| 53       |      |
| 54       |      |
| 55       |      |
| 56       |      |
| 57       |      |
| 58       |      |
| 59       |      |
| 60       |      |
| 61       |      |
| 62       |      |
| 63       |      |
| 64       |      |
| 65       |      |
| 66       |      |
| 67       |      |
| 68       |      |
| 69       |      |
| 70       |      |
| 71       |      |
| 72       |      |
| 73       |      |
| 74       |      |
| 75       |      |
| 76       |      |
| 77       |      |
| 78       |      |
| 79       |      |
| 80       |      |
| 81       |      |
| 82       |      |
| 83       |      |
| 84       |      |
| 85       |      |
| 86       |      |
| 87       |      |
| 88       |      |
| 89       |      |
| 90       |      |
| 91       |      |
| 92       |      |
| 93       |      |
| 94       |      |
| 95       |      |
| 96       |      |
| 97       |      |
| 98       |      |
| 99       |      |
| 100      |      |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 2-10-03  |      |
| 101      |      |
| 102      |      |
| 103      |      |
| 104      |      |
| 105      |      |
| 106      |      |
| 107      |      |
| 108      |      |
| 109      |      |
| 110      |      |
| 111      |      |
| 112      |      |
| 113      |      |
| 114      |      |
| 115      |      |
| 116      |      |
| 117      |      |
| 118      |      |
| 119      |      |
| 120      |      |
| 121      |      |
| 122      |      |
| 123      |      |
| 124      |      |
| 125      |      |
| 126      |      |
| 127      |      |
| 128      |      |
| 129      |      |
| 130      |      |
| 131      |      |
| 132      |      |
| 133      |      |
| 134      |      |
| 135      |      |
| 136      |      |
| 137      |      |
| 138      |      |
| 139      |      |
| 140      |      |
| 141      |      |
| 142      |      |
| 143      |      |
| 144      |      |
| 145      |      |
| 146      |      |
| 147      |      |
| 148      |      |
| 149      |      |
| 150      |      |

Best Available Copy      If more than 150 claims or 10 actions  
 make additional sheet here  
 (LEFT INSIDE)

# Best Available Copy

..... Rejected  
 ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 C ..... Objected

| Claim |          | Date |  |  |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |  |  |
| 1     | 1        |      |  |  |  |  |  |  |  |  |  |  |  |
| 2     | 2        |      |  |  |  |  |  |  |  |  |  |  |  |
| 3     | 3        |      |  |  |  |  |  |  |  |  |  |  |  |
| 4     | 4        |      |  |  |  |  |  |  |  |  |  |  |  |
| 5     | 5        |      |  |  |  |  |  |  |  |  |  |  |  |
| 6     | 6        |      |  |  |  |  |  |  |  |  |  |  |  |
| 7     | 7        |      |  |  |  |  |  |  |  |  |  |  |  |
| 8     | 8        |      |  |  |  |  |  |  |  |  |  |  |  |
| 9     | 9        |      |  |  |  |  |  |  |  |  |  |  |  |
| 10    | 10       |      |  |  |  |  |  |  |  |  |  |  |  |
| 11    | 11       |      |  |  |  |  |  |  |  |  |  |  |  |
| 12    | 12       |      |  |  |  |  |  |  |  |  |  |  |  |
| 13    | 13       |      |  |  |  |  |  |  |  |  |  |  |  |
| 14    | 14       |      |  |  |  |  |  |  |  |  |  |  |  |
| 15    | 15       |      |  |  |  |  |  |  |  |  |  |  |  |
| 16    | 16       |      |  |  |  |  |  |  |  |  |  |  |  |
| 17    | 17       |      |  |  |  |  |  |  |  |  |  |  |  |
| 18    | 18       |      |  |  |  |  |  |  |  |  |  |  |  |
| 19    | 19       |      |  |  |  |  |  |  |  |  |  |  |  |
| 20    | 20       |      |  |  |  |  |  |  |  |  |  |  |  |
| 21    | 21       |      |  |  |  |  |  |  |  |  |  |  |  |
| 22    | 22       |      |  |  |  |  |  |  |  |  |  |  |  |
| 23    | 23       |      |  |  |  |  |  |  |  |  |  |  |  |
| 24    | 24       |      |  |  |  |  |  |  |  |  |  |  |  |
| 25    | 25       |      |  |  |  |  |  |  |  |  |  |  |  |
| 26    | 26       |      |  |  |  |  |  |  |  |  |  |  |  |
| 27    | 27       |      |  |  |  |  |  |  |  |  |  |  |  |
| 28    | 28       |      |  |  |  |  |  |  |  |  |  |  |  |
| 29    | 29       |      |  |  |  |  |  |  |  |  |  |  |  |
| 30    | 30       |      |  |  |  |  |  |  |  |  |  |  |  |
| 31    | 31       |      |  |  |  |  |  |  |  |  |  |  |  |
| 32    | 32       |      |  |  |  |  |  |  |  |  |  |  |  |
| 33    | 33       |      |  |  |  |  |  |  |  |  |  |  |  |
| 34    | 34       |      |  |  |  |  |  |  |  |  |  |  |  |
| 35    | 35       |      |  |  |  |  |  |  |  |  |  |  |  |
| 36    | 36       |      |  |  |  |  |  |  |  |  |  |  |  |
| 37    | 37       |      |  |  |  |  |  |  |  |  |  |  |  |
| 38    | 38       |      |  |  |  |  |  |  |  |  |  |  |  |
| 39    | 39       |      |  |  |  |  |  |  |  |  |  |  |  |
| 40    | 40       |      |  |  |  |  |  |  |  |  |  |  |  |
| 41    | 41       |      |  |  |  |  |  |  |  |  |  |  |  |
| 42    | 42       |      |  |  |  |  |  |  |  |  |  |  |  |
| 43    | 43       |      |  |  |  |  |  |  |  |  |  |  |  |
| 44    | 44       |      |  |  |  |  |  |  |  |  |  |  |  |
| 45    | 45       |      |  |  |  |  |  |  |  |  |  |  |  |
| 46    | 46       |      |  |  |  |  |  |  |  |  |  |  |  |
| 47    | 47       |      |  |  |  |  |  |  |  |  |  |  |  |
| 48    | 48       |      |  |  |  |  |  |  |  |  |  |  |  |
| 49    | 49       |      |  |  |  |  |  |  |  |  |  |  |  |
| 50    | 50       |      |  |  |  |  |  |  |  |  |  |  |  |

| Claim |          | Date |  |  |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |  |  |
| 1     | 1        |      |  |  |  |  |  |  |  |  |  |  |  |
| 2     | 2        |      |  |  |  |  |  |  |  |  |  |  |  |
| 3     | 3        |      |  |  |  |  |  |  |  |  |  |  |  |
| 4     | 4        |      |  |  |  |  |  |  |  |  |  |  |  |
| 5     | 5        |      |  |  |  |  |  |  |  |  |  |  |  |
| 6     | 6        |      |  |  |  |  |  |  |  |  |  |  |  |
| 7     | 7        |      |  |  |  |  |  |  |  |  |  |  |  |
| 8     | 8        |      |  |  |  |  |  |  |  |  |  |  |  |
| 9     | 9        |      |  |  |  |  |  |  |  |  |  |  |  |
| 10    | 10       |      |  |  |  |  |  |  |  |  |  |  |  |
| 11    | 11       |      |  |  |  |  |  |  |  |  |  |  |  |
| 12    | 12       |      |  |  |  |  |  |  |  |  |  |  |  |
| 13    | 13       |      |  |  |  |  |  |  |  |  |  |  |  |
| 14    | 14       |      |  |  |  |  |  |  |  |  |  |  |  |
| 15    | 15       |      |  |  |  |  |  |  |  |  |  |  |  |
| 16    | 16       |      |  |  |  |  |  |  |  |  |  |  |  |
| 17    | 17       |      |  |  |  |  |  |  |  |  |  |  |  |
| 18    | 18       |      |  |  |  |  |  |  |  |  |  |  |  |
| 19    | 19       |      |  |  |  |  |  |  |  |  |  |  |  |
| 20    | 20       |      |  |  |  |  |  |  |  |  |  |  |  |
| 21    | 21       |      |  |  |  |  |  |  |  |  |  |  |  |
| 22    | 22       |      |  |  |  |  |  |  |  |  |  |  |  |
| 23    | 23       |      |  |  |  |  |  |  |  |  |  |  |  |
| 24    | 24       |      |  |  |  |  |  |  |  |  |  |  |  |
| 25    | 25       |      |  |  |  |  |  |  |  |  |  |  |  |
| 26    | 26       |      |  |  |  |  |  |  |  |  |  |  |  |
| 27    | 27       |      |  |  |  |  |  |  |  |  |  |  |  |
| 28    | 28       |      |  |  |  |  |  |  |  |  |  |  |  |
| 29    | 29       |      |  |  |  |  |  |  |  |  |  |  |  |
| 30    | 30       |      |  |  |  |  |  |  |  |  |  |  |  |
| 31    | 31       |      |  |  |  |  |  |  |  |  |  |  |  |
| 32    | 32       |      |  |  |  |  |  |  |  |  |  |  |  |
| 33    | 33       |      |  |  |  |  |  |  |  |  |  |  |  |
| 34    | 34       |      |  |  |  |  |  |  |  |  |  |  |  |
| 35    | 35       |      |  |  |  |  |  |  |  |  |  |  |  |
| 36    | 36       |      |  |  |  |  |  |  |  |  |  |  |  |
| 37    | 37       |      |  |  |  |  |  |  |  |  |  |  |  |
| 38    | 38       |      |  |  |  |  |  |  |  |  |  |  |  |
| 39    | 39       |      |  |  |  |  |  |  |  |  |  |  |  |
| 40    | 40       |      |  |  |  |  |  |  |  |  |  |  |  |
| 41    | 41       |      |  |  |  |  |  |  |  |  |  |  |  |
| 42    | 42       |      |  |  |  |  |  |  |  |  |  |  |  |
| 43    | 43       |      |  |  |  |  |  |  |  |  |  |  |  |
| 44    | 44       |      |  |  |  |  |  |  |  |  |  |  |  |
| 45    | 45       |      |  |  |  |  |  |  |  |  |  |  |  |
| 46    | 46       |      |  |  |  |  |  |  |  |  |  |  |  |
| 47    | 47       |      |  |  |  |  |  |  |  |  |  |  |  |
| 48    | 48       |      |  |  |  |  |  |  |  |  |  |  |  |
| 49    | 49       |      |  |  |  |  |  |  |  |  |  |  |  |
| 50    | 50       |      |  |  |  |  |  |  |  |  |  |  |  |

| Claim |          | Date |  |  |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |  |  |
| 1     | 1        |      |  |  |  |  |  |  |  |  |  |  |  |
| 2     | 2        |      |  |  |  |  |  |  |  |  |  |  |  |
| 3     | 3        |      |  |  |  |  |  |  |  |  |  |  |  |
| 4     | 4        |      |  |  |  |  |  |  |  |  |  |  |  |
| 5     | 5        |      |  |  |  |  |  |  |  |  |  |  |  |
| 6     | 6        |      |  |  |  |  |  |  |  |  |  |  |  |
| 7     | 7        |      |  |  |  |  |  |  |  |  |  |  |  |
| 8     | 8        |      |  |  |  |  |  |  |  |  |  |  |  |
| 9     | 9        |      |  |  |  |  |  |  |  |  |  |  |  |
| 10    | 10       |      |  |  |  |  |  |  |  |  |  |  |  |
| 11    | 11       |      |  |  |  |  |  |  |  |  |  |  |  |
| 12    | 12       |      |  |  |  |  |  |  |  |  |  |  |  |
| 13    | 13       |      |  |  |  |  |  |  |  |  |  |  |  |
| 14    | 14       |      |  |  |  |  |  |  |  |  |  |  |  |
| 15    | 15       |      |  |  |  |  |  |  |  |  |  |  |  |
| 16    | 16       |      |  |  |  |  |  |  |  |  |  |  |  |
| 17    | 17       |      |  |  |  |  |  |  |  |  |  |  |  |
| 18    | 18       |      |  |  |  |  |  |  |  |  |  |  |  |
| 19    | 19       |      |  |  |  |  |  |  |  |  |  |  |  |
| 20    | 20       |      |  |  |  |  |  |  |  |  |  |  |  |
| 21    | 21       |      |  |  |  |  |  |  |  |  |  |  |  |
| 22    | 22       |      |  |  |  |  |  |  |  |  |  |  |  |
| 23    | 23       |      |  |  |  |  |  |  |  |  |  |  |  |
| 24    | 24       |      |  |  |  |  |  |  |  |  |  |  |  |
| 25    | 25       |      |  |  |  |  |  |  |  |  |  |  |  |
| 26    | 26       |      |  |  |  |  |  |  |  |  |  |  |  |
| 27    | 27       |      |  |  |  |  |  |  |  |  |  |  |  |
| 28    | 28       |      |  |  |  |  |  |  |  |  |  |  |  |
| 29    | 29       |      |  |  |  |  |  |  |  |  |  |  |  |
| 30    | 30       |      |  |  |  |  |  |  |  |  |  |  |  |
| 31    | 31       |      |  |  |  |  |  |  |  |  |  |  |  |
| 32    | 32       |      |  |  |  |  |  |  |  |  |  |  |  |
| 33    | 33       |      |  |  |  |  |  |  |  |  |  |  |  |
| 34    | 34       |      |  |  |  |  |  |  |  |  |  |  |  |
| 35    | 35       |      |  |  |  |  |  |  |  |  |  |  |  |
| 36    | 36       |      |  |  |  |  |  |  |  |  |  |  |  |
| 37    | 37       |      |  |  |  |  |  |  |  |  |  |  |  |
| 38    | 38       |      |  |  |  |  |  |  |  |  |  |  |  |
| 39    | 39       |      |  |  |  |  |  |  |  |  |  |  |  |
| 40    | 40       |      |  |  |  |  |  |  |  |  |  |  |  |
| 41    | 41       |      |  |  |  |  |  |  |  |  |  |  |  |
| 42    | 42       |      |  |  |  |  |  |  |  |  |  |  |  |
| 43    | 43       |      |  |  |  |  |  |  |  |  |  |  |  |
| 44    | 44       |      |  |  |  |  |  |  |  |  |  |  |  |
| 45    | 45       |      |  |  |  |  |  |  |  |  |  |  |  |
| 46    | 46       |      |  |  |  |  |  |  |  |  |  |  |  |
| 47    | 47       |      |  |  |  |  |  |  |  |  |  |  |  |
| 48    | 48       |      |  |  |  |  |  |  |  |  |  |  |  |
| 49    | 49       |      |  |  |  |  |  |  |  |  |  |  |  |
| 50    | 50       |      |  |  |  |  |  |  |  |  |  |  |  |

instel claim 177  
 vid in claim 177

If more than 150 claims or 10 entries

Best Available Copy

= ..... Allowed  
- (Through numeral).... Canceled  
÷ ..... Restricted  
I ..... Interference  
A ..... Appeal  
O ..... Objected

| Claim |          | Date |  |
|-------|----------|------|--|
| Final | Original |      |  |
| 451   | 451      |      |  |
| 452   | 452      |      |  |
| 453   | 453      |      |  |
| 454   | 454      |      |  |
| 455   | 455      |      |  |
| 456   | 456      |      |  |
| 457   | 457      |      |  |
| 458   | 458      |      |  |
| 459   | 459      |      |  |
| 460   | 460      |      |  |
| 461   | 461      |      |  |
| 462   | 462      |      |  |
| 463   | 463      |      |  |
| 464   | 464      |      |  |
| 465   | 465      |      |  |
| 466   | 466      |      |  |
| 467   | 467      |      |  |
| 468   | 468      |      |  |
| 469   | 469      |      |  |
| 470   | 470      |      |  |
| 471   | 471      |      |  |
| 472   | 472      |      |  |
| 473   | 473      |      |  |
| 474   | 474      |      |  |
| 475   | 475      |      |  |
| 476   | 476      |      |  |
| 477   | 477      |      |  |
| 478   | 478      |      |  |
| 479   | 479      |      |  |
| 480   | 480      |      |  |
| 481   | 481      |      |  |
| 482   | 482      |      |  |
| 483   | 483      |      |  |
| 484   | 484      |      |  |
| 485   | 485      |      |  |
| 486   | 486      |      |  |
| 487   | 487      |      |  |
| 488   | 488      |      |  |
| 489   | 489      |      |  |
| 490   | 490      |      |  |
| 491   | 491      |      |  |
| 492   | 492      |      |  |
| 493   | 493      |      |  |
| 494   | 494      |      |  |
| 495   | 495      |      |  |
| 496   | 496      |      |  |
| 497   | 497      |      |  |
| 498   | 498      |      |  |
| 499   | 499      |      |  |
| 500   | 500      |      |  |

| Claim |          | Date |  |
|-------|----------|------|--|
| Final | Original |      |  |
| 501   | 501      |      |  |
| 502   | 502      |      |  |
| 503   | 503      |      |  |
| 504   | 504      |      |  |
| 505   | 505      |      |  |
| 506   | 506      |      |  |
| 507   | 507      |      |  |
| 508   | 508      |      |  |
| 509   | 509      |      |  |
| 510   | 510      |      |  |
| 511   | 511      |      |  |
| 512   | 512      |      |  |
| 513   | 513      |      |  |
| 514   | 514      |      |  |
| 515   | 515      |      |  |
| 516   | 516      |      |  |
| 517   | 517      |      |  |
| 518   | 518      |      |  |
| 519   | 519      |      |  |
| 520   | 520      |      |  |
| 521   | 521      |      |  |
| 522   | 522      |      |  |
| 523   | 523      |      |  |
| 524   | 524      |      |  |
| 525   | 525      |      |  |
| 526   | 526      |      |  |
| 527   | 527      |      |  |
| 528   | 528      |      |  |
| 529   | 529      |      |  |
| 530   | 530      |      |  |
| 531   | 531      |      |  |
| 532   | 532      |      |  |
| 533   | 533      |      |  |
| 534   | 534      |      |  |
| 535   | 535      |      |  |
| 536   | 536      |      |  |
| 537   | 537      |      |  |
| 538   | 538      |      |  |
| 539   | 539      |      |  |
| 540   | 540      |      |  |
| 541   | 541      |      |  |
| 542   | 542      |      |  |
| 543   | 543      |      |  |
| 544   | 544      |      |  |
| 545   | 545      |      |  |
| 546   | 546      |      |  |
| 547   | 547      |      |  |
| 548   | 548      |      |  |
| 549   | 549      |      |  |
| 550   | 550      |      |  |

| Claim |          | Date |     |
|-------|----------|------|-----|
| Final | Original |      |     |
| 551   | 551      |      | 601 |
| 552   | 552      |      | 602 |
| 553   | 553      |      | 603 |
| 554   | 554      |      | 604 |
| 555   | 555      |      | 605 |
| 556   | 556      |      | 606 |
| 557   | 557      |      | 607 |
| 558   | 558      |      | 608 |
| 559   | 559      |      | 609 |
| 560   | 560      |      | 610 |
| 561   | 561      |      | 611 |
| 562   | 562      |      | 612 |
| 563   | 563      |      | 613 |
| 564   | 564      |      | 614 |
| 565   | 565      |      | 615 |
| 566   | 566      |      | 616 |
| 567   | 567      |      | 617 |
| 568   | 568      |      | 618 |
| 569   | 569      |      | 619 |
| 570   | 570      |      | 620 |
| 571   | 571      |      | 621 |
| 572   | 572      |      | 622 |
| 573   | 573      |      | 623 |
| 574   | 574      |      | 624 |
| 575   | 575      |      | 625 |
| 576   | 576      |      | 626 |
| 577   | 577      |      | 627 |
| 578   | 578      |      | 628 |
| 579   | 579      |      | 629 |
| 580   | 580      |      | 630 |
| 581   | 581      |      | 631 |
| 582   | 582      |      | 632 |
| 583   | 583      |      | 633 |
| 584   | 584      |      | 634 |
| 585   | 585      |      | 635 |
| 586   | 586      |      | 636 |
| 587   | 587      |      | 637 |
| 588   | 588      |      | 638 |
| 589   | 589      |      | 639 |
| 590   | 590      |      | 640 |
| 591   | 591      |      | 641 |
| 592   | 592      |      | 642 |
| 593   | 593      |      | 643 |
| 594   | 594      |      | 644 |
| 595   | 595      |      | 645 |
| 596   | 596      |      | 646 |
| 597   | 597      |      | 647 |
| 598   | 598      |      | 648 |
| 599   | 599      |      | 649 |
| 600   | 600      |      | 650 |

If more than 150 claims or 10 actions  
staple additional sheet here

= ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Best Available Copy

| Claim |          | Date |  |  |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |  |  |
| 651   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 652   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 653   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 654   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 655   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 656   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 657   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 658   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 659   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 660   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 661   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 662   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 663   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 664   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 665   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 666   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 667   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 668   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 669   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 670   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 671   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 672   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 673   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 674   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 675   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 676   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 677   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 678   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 679   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 680   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 681   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 682   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 683   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 684   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 685   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 686   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 687   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 688   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 689   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 690   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 691   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 692   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 693   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 694   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 695   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 696   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 697   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 698   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 699   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 700   |          |      |  |  |  |  |  |  |  |  |  |  |  |

| Claim |          | Date |  |  |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |  |  |
| 701   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 702   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 703   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 704   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 705   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 706   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 707   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 708   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 709   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 710   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 711   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 712   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 713   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 714   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 715   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 716   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 717   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 718   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 719   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 720   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 721   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 722   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 723   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 724   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 725   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 726   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 727   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 728   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 729   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 730   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 731   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 732   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 733   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 734   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 735   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 736   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 737   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 738   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 739   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 740   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 741   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 742   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 743   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 744   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 745   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 746   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 747   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 748   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 749   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 750   |          |      |  |  |  |  |  |  |  |  |  |  |  |

| Claim |          | Date |  |  |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |  |  |
| 751   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 752   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 753   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 754   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 755   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 756   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 757   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 758   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 759   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 760   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 761   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 762   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 763   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 764   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 765   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 766   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 767   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 768   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 769   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 770   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 771   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 772   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 773   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 774   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 775   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 776   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 777   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 778   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 779   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 780   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 781   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 782   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 783   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 784   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 785   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 786   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 787   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 788   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 789   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 790   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 791   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 792   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 793   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 794   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 795   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 796   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 797   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 798   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 799   |          |      |  |  |  |  |  |  |  |  |  |  |  |
| 800   |          |      |  |  |  |  |  |  |  |  |  |  |  |

If more than 150 claims or 10 actions  
 staple additional sheet here

— (Through numeral)... Canceled  
 ÷ ..... Restricted

A ..... Appeal  
 O ..... Objected

Best Available Copy

| Claim |          | Date |  |
|-------|----------|------|--|
| Final | Original |      |  |
| 1     |          |      |  |
| 2     |          |      |  |
| 3     |          |      |  |
| 4     |          |      |  |
| 5     |          |      |  |
| 6     |          |      |  |
| 7     |          |      |  |
| 8     |          |      |  |
| 9     |          |      |  |
| 10    |          |      |  |
| 11    |          |      |  |
| 12    |          |      |  |
| 13    |          |      |  |
| 14    |          |      |  |
| 15    |          |      |  |
| 16    |          |      |  |
| 17    |          |      |  |
| 18    |          |      |  |
| 19    |          |      |  |
| 20    |          |      |  |
| 21    |          |      |  |
| 22    |          |      |  |
| 23    |          |      |  |
| 24    |          |      |  |
| 25    |          |      |  |
| 26    |          |      |  |
| 27    |          |      |  |
| 28    |          |      |  |
| 29    |          |      |  |
| 30    |          |      |  |
| 31    |          |      |  |
| 32    |          |      |  |
| 33    |          |      |  |
| 34    |          |      |  |
| 35    |          |      |  |
| 36    |          |      |  |
| 37    |          |      |  |
| 38    |          |      |  |
| 39    |          |      |  |
| 40    |          |      |  |
| 41    |          |      |  |
| 42    |          |      |  |
| 43    |          |      |  |
| 44    |          |      |  |
| 45    |          |      |  |
| 46    |          |      |  |
| 47    |          |      |  |
| 48    |          |      |  |
| 49    |          |      |  |
| 50    |          |      |  |

| Claim |          | Date |  |
|-------|----------|------|--|
| Final | Original |      |  |
| 51    |          |      |  |
| 52    |          |      |  |
| 53    |          |      |  |
| 54    |          |      |  |
| 55    |          |      |  |
| 56    |          |      |  |
| 57    |          |      |  |
| 58    |          |      |  |
| 59    |          |      |  |
| 60    |          |      |  |
| 61    |          |      |  |
| 62    |          |      |  |
| 63    |          |      |  |
| 64    |          |      |  |
| 65    |          |      |  |
| 66    |          |      |  |
| 67    |          |      |  |
| 68    |          |      |  |
| 69    |          |      |  |
| 70    |          |      |  |
| 71    |          |      |  |
| 72    |          |      |  |
| 73    |          |      |  |
| 74    |          |      |  |
| 75    |          |      |  |
| 76    |          |      |  |
| 77    |          |      |  |
| 78    |          |      |  |
| 79    |          |      |  |
| 80    |          |      |  |
| 81    |          |      |  |
| 82    |          |      |  |
| 83    |          |      |  |
| 84    |          |      |  |
| 85    |          |      |  |
| 86    |          |      |  |
| 87    |          |      |  |
| 88    |          |      |  |
| 89    |          |      |  |
| 90    |          |      |  |
| 91    |          |      |  |
| 92    |          |      |  |
| 93    |          |      |  |
| 94    |          |      |  |
| 95    |          |      |  |
| 96    |          |      |  |
| 97    |          |      |  |
| 98    |          |      |  |
| 99    |          |      |  |
| 100   |          |      |  |

| Claim |          | Date |  |
|-------|----------|------|--|
| Final | Original |      |  |
| 101   |          |      |  |
| 102   |          |      |  |
| 103   |          |      |  |
| 104   |          |      |  |
| 105   |          |      |  |
| 106   |          |      |  |
| 107   |          |      |  |
| 108   |          |      |  |
| 109   |          |      |  |
| 110   |          |      |  |
| 111   |          |      |  |
| 112   |          |      |  |
| 113   |          |      |  |
| 114   |          |      |  |
| 115   |          |      |  |
| 116   |          |      |  |
| 117   |          |      |  |
| 118   |          |      |  |
| 119   |          |      |  |
| 120   |          |      |  |
| 121   |          |      |  |
| 122   |          |      |  |
| 123   |          |      |  |
| 124   |          |      |  |
| 125   |          |      |  |
| 126   |          |      |  |
| 127   |          |      |  |
| 128   |          |      |  |
| 129   |          |      |  |
| 130   |          |      |  |
| 131   |          |      |  |
| 132   |          |      |  |
| 133   |          |      |  |
| 134   |          |      |  |
| 135   |          |      |  |
| 136   |          |      |  |
| 137   |          |      |  |
| 138   |          |      |  |
| 139   |          |      |  |
| 140   |          |      |  |
| 141   |          |      |  |
| 142   |          |      |  |
| 143   |          |      |  |
| 144   |          |      |  |
| 145   |          |      |  |
| 146   |          |      |  |
| 147   |          |      |  |
| 148   |          |      |  |
| 149   |          |      |  |
| 150   |          |      |  |

If more than 150 claims or 10 actions  
 staple additional sheet here